## PART B - FEE(S) TRANSMITTAL

omplete and send this form, together with applicable fee(s), to: Mail

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06/06/2005 FFANAIA3 00000116 09664662

DALLAS, TX 75201

PATTON BOGGS, L.L.P.

2001 ROSS AVENUE, SUITE 3000

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DEBBIE HARGROVE	(Depositor's name
Debrie Hargrove	(Signature
MAY 31, 2005	(Date

Į	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	09/664,662	09/19/2000	Todd M Porter	11366.00001	8053		
TITLE OF INVENTION: METHOD FOR SYNCHRONIZING AUDIO AND VIDEO STREAMS							

APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$700 06/10/2005 **EXAMINER** ART UNIT **CLASS-SUBCLASS** CZEKAJ, DAVID J 2613 375-240280 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Patton Boggs LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Todd Porter Dallas, TX Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2816 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

May 31, 2005

ROBERT C. HILTON Typed or printed name

47,649 Registration No.

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TRANSMITTAL		Application Number 09/664,662		2			
		Filing Date		September 19, 2000			
FORM		First Named Inven	tor	Todd M. Porter			
. W			Art Unit		2613		
to be used for all correspon	ndence after initi	ial filing)	Examiner Name		Czekaj, David J.		
Total Number of Pages in Th	is Submission	1 4	Attorney Docket N	umber	022764.01	01PTUS	
		ENCLO	SURES (check all tha	it apply)			
Fee Transmittal Form	[	Drawing(s	3)		After Alle	owance Communication to TC	
	10	Licensing	-related Papers		Appeal Communication to Board		
	l r	Petition			_	als and Interferences Communication to TC	
Amendment / Reply						Notice, Brief, Reply Brief)	
After Final	<u> </u>		Convert to a al Application		Proprieta	ary Information	
Affidavits/declaration	n(s)		Attorney, Revocation f Correspondence Add	ress	Status L	etter	
Extension of Time Requ	est [	Terminal I	Disclaimer		Other Enclosure(s) (please identify below):		
	[[	Request f	est for Refund		Part B Issue Fee Transmittal;		
Express Abandonment F	Request [	CD, Numb	nber of CD(s)		Check in the amount of \$700.00 for issue fee; and		
☐ Information Disclosure Statement ☐ Lar			ndscape Table on CD Return Receipt Postcard.				
Certified Copy of Priority Document(s)							
Reply to Missing Parts/							
Incomplete Application							
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	SIGNA	TURE OF A	APPLICANT, ATTO	RNEY O	R AGENT		
Firm		PATTON BOGO				·	
Signature RCA			Elt				
Printed Name ROBERT C. HIL			TON				
Date MAY 31, 2005				Reg. No.			
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	tage as first	class mail in				with the United States Postal for Patents, P.O. Box 1450,	
Signature	Kleb	true .	Dargrove				
Typed or printed name DEBBIE HARGROVE			0		Date	MAY 31, 2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.1 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appro		Complete if Known		
اب	· .	Application Number	09/664,662	
PEE TRANS	SWITTAL	Filing Date	September 19, 2000	
for FY	2005	First Named Inventor	Todd M. Porter	<del></del>
Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	Czekaj, David J.	
		Art Unit	2613	
TOTAL AMOUNT OF PAYMENT	(\$) 700.00	Attorney Docket No.	022764.0101PTUS	
METHOD OF PAYMENT (check	all that apply)			

Check	METHOD OF PAYMEN	T (check al	I that apply)	1				
Deposit Account   Deposit Account Number: 50-2816   Deposit Account Name: Patton   Boggs LLP	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	l <u>—</u>	☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :						
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee	•							
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments Under 37 CFR 1.16 and 1.17   Charge 38 CFR 1.18 and 1.17   Charge 38 CFR	For the above-id	entified depo	sit account, the Dire	ector is hereby	authorized to: (che	eck all that ap	ply)	
MARNING: Information and Information be information should not be included on this form may become public. Credit card information should not be included on this formation become provide cardination in formation and authorization or PTO-2038.    FEE CALCULATION   FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   Small Entity   Small	Charge fe	e(s) indicate	d below		☐ Charge f	ee(s) indicate	ed below, excep	t for the filing fee
Parameter   Provision   Pro-2038.   Pro-1				nents of fee(s)	Credit ar	ny overpayme	ents	
Second   S	WARNING: Information on th	is form may l	pecome public. Credit	card information	on should not be inc	cluded on this	form. Provide cre	edit card
Second   S		n on PTO-203	8.					
Application Type								
Application Type	1. BASIC FILING, SEA 				EEEQ	EYAMIN	ATION EEES	
Paper			<del>-</del>	SLAROII				
Design   200   100   100   50   130   65	Application Type			Fee(\$)				Fees Paid (\$)
Plant   200   100   300   150   160   80	Utility	300	150	500	250	200	100	
Reissue   300   150   500   250   600   300	Design	200	100	100	50	130	65	
Provisional   200   100   0   0   0   0   0   0   0   0						160	80	
2. EXCESS CLAIM FEES  Fee Description Each claim over 20 (including Reissues) Each independent claim over 30 (including Reissues) Each independent claim over 30 (including Reissues) Multiple dependent claims  Total Claims Extra Claims Fee(\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)  Indep. Claims Fee(\$) Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 or fraction thereof feec(\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Non-English Specification, \$130 fee (no small entity discount)  Fee \$Paid (\$)  Fee Paid (\$)								
Fee Description   Each claim over 20 (including Reissues)   50   25			100	0	0	0	•	
Each claim over 20 (including Reissues)  Each independent claims over 30 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$) Fee Paid (\$)  - 3 or HP=	2. EXCESS CLAIM FE	ES						Small Entity
Each independent claim over 30 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  - 3 or HP =		1 11 15 1						
Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  - 3 or HP =								
Total Claims   Extra Claims   Fee(\$)   Fee Paid (\$)   Multiple Dependent Claims			iciddiig Reissues)					
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims			laims Fee(\$	) <u>Fee</u>	Paid (\$)		<u>Multiple</u>	Dependent Claims
Indep. Claims  - 3 or HP=							Fee Paid (\$	
- 3 or HP= x =		total claims pa	-					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)			laims Fee(\$	) <u>Fee</u>	Paid (\$)			
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)					<del></del>			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
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Non-English Specification, \$130 fee (no small entity discount)								
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Other (e.g., late filing surcharge): Issue Fee 700.00								
	Other (e.g., late	filing surcha	rge) : Issue Fee					<u>700.00</u>

SUBMITTED BY				
Signature	RC Hitten	Registration No. (Attorney/Agent) 47,649	Telephone	(214) 758-6641
Name (Print/Type)	ROBERT C. HILTON		Date	May 31, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.